

# Patient-centered care must be measured through patient-centered means

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## Dear editor

We thoroughly enjoyed reading the article by Yang et al<sup>1</sup> that was recently published in *Patient Preference and Adherence*. As medical students in the United Kingdom, we can attest to the point made in this paper that medical education in the first world places great emphasis on empathy. We have first-hand experience of the positive impact this has had on patient care. As such, it is fantastic to see more and more institutions, like the hospitals in this study, adopting this patient-centered approach to health care.

Though the paper marks a step in the right direction, there is an important point that we urge future work in this area to consider. Though the “Jefferson Scale of Empathy”<sup>2</sup> that was used to assess empathy in Yang et al’s<sup>1</sup> paper is widely distributed, it may measure different aspects of empathy to those desired by patients. This is supported by a paper cited in Yang’s own article, which finds only weak correlations between the Jefferson Scale of Empathy and another assessment of empathy developed for the general population.<sup>3</sup> Furthermore, a systemic review found that most empathy scores filled in by the person being assessed suffer from poor validity and test–retest reliability.<sup>4</sup>

It is important, we believe, that empathy is assessed by those concerned: the patients. Many physicians may think themselves to be excellent communicators and answer first person questionnaires accordingly; however, their idea of what constitutes excellent communication may be different to that held by patients. Consequently an assessment of empathy like the CARE measure,<sup>5</sup> that is completed by the patient, may correlate even more strongly with reductions in stigma, self-efficacy, and anxiety than in Yang et al’s<sup>1</sup> paper.

We encourage future researchers to consider more patient-centered measures when evaluating patient experiences. The more time we spend engaging patients and asking them their priorities and values, the better able we all are to deliver excellent, inclusive patient care.

## Disclosure

The authors report no conflicts of interest in this communication.

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## Authors' reply

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## Dear editor

We agree with Zeina et al's comment that more patient-centered measures are necessary when evaluating patient experiences. On the one hand, maybe it is a limitation of our research. In the future, we will use more questionnaires focusing on patients' feelings. On the other hand, we aimed at exploring the influence of doctors' empathy toward patients' health macroscopically, but not as a microcosmic study to explore the empathy between every doctor and every patient. The ability to empathize is a relatively stable capability. So if a doctor's ability to empathize is strong, he or she may find it easier to have empathy with different patients. Even if there are individual examples, for instance, a doctor can have empathy with patient A, but cannot empathize with patient B. However, since the selected samples were large, the impact of this case will be negligible for the whole study. So, the final result is also acceptable.

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The authors report no conflicts of interest in this communication.

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